

**ALABAMA BOARD OF EXAMINERS IN COUNSELING**

**AUTHORIZATION FOR RELEASE  
OF  
CONFIDENTIAL INFORMATION  
(Minor Child)**

I, \_\_\_\_\_, authorize the release of confidential written/verbal  
Complainant's Name

information concerning the counseling relationship between my child, \_\_\_\_\_  
Print Child's Name

and \_\_\_\_\_ to the Alabama Board of Examiners in Counseling for the  
Counselor's Name

sole purpose of investigating a complaint of possible violation of either the *Code of Ethics and Standards of Practice* affecting Licensed Professional Counselors in the state of Alabama or violation of the *Code of Alabama* 1975, §34-8A-1 et seq. By my signature, I acknowledge my waiver of confidentiality and rights to liability claims against \_\_\_\_\_  
Counselor's Name

for the provision of this information to the Alabama Board of Examiners in Counseling.

State Of: \_\_\_\_\_ County Of: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Notary Public

SEAL:

My Commission Expires: \_\_\_\_\_